Notes For Senior Seminar

"The emergence of modern Child Health Care in America." *Nationa Library of Medicine*. N.p., n.d. Web. 23 Feb. 2010. <http://www.nlm.nih.gov/hmd/pdf/modern.pdf>.

* Developments relating to the field of pediatrics during the period 1873-1931.
  + latter half of the nineteenth century there was no distinction in the medical care for the adult or the child.
* Dr. William P. Dewees of the University of Pennsylvania in 1825 published a treatise on the physical and medical treatment of children which may be considered the first comprehensive American work on the subject.
* Dr. Jacobi wrote a vast number of clinical papers and essays and his influence as a physician and researcher in the cause for child health care is unequaled in American pediatrics.
* New York city established the first Division of Child Hygiene, ,with Dr. S. Josephine Baker in charge.
* In !909, the first White House Conference on children, called by President Theodore Roosevelt, recommended the creation of a Children’s Bureau. President Taft endorsed the proposal in 1910 and on April 9, 1912, he signed the bill establishing the Bureau.

Shea, Katherine, Karen Davis, and Edward Schor. "U.S. Variations in Child Health System Performance: A State Scorecard." *The commonwealth Fund*. N.p., n.d. Web. 23 Feb. 2010. <http://www.commonwealthfund.org/Content/Publications/ Fund-Reports/2008/May/ U-S--Variations-in-Child-Health-System-Performance--A-State-Scorecard.aspx>.

* More than one-third of children nationally receive health care funded by the federal government as well as the 50 states and the District of Columbia.
* Twenty-eight million children are covered by Medicaid, and 6 million are covered by the State Children's Health Insurance Program (SCHIP), which was enacted in 1997 to expand coverage of children in low-income families.
* The proportion of children who are uninsured ranges from 5 percent in Michigan to 20 percent in Texas
* Seven states Massachusetts, Iowa, Rhode Island, Ohio, Vermont, Alabama, and Wisconsin  are national leaders in giving children access to care and ensuring high-quality care
* If all states achieved top levels on each dimension of performance, 4.7 million more children would be insured and nearly 12 million more children would receive at least one medical and dental preventive care visit per year. More than 750,000 more children ages 19 to 35 months would be up-to-date on all recommended doses of five key vaccines, and more than 412,000 fewer children with special health care needs who needed specialist care would have problems getting referrals to specialty care services. Likewise, nearly 11 million additional children would have a medical home to help coordinate care, and 1.6 million fewer children ages 1 to 5 would be at moderate-to-high risk for developmental delays later in life.

"New Study Finds Serious Gaps In Health Care Quality for America's Children."   
     *Rand Cooperation*. N.p., n.d. Web. 28 Feb. 2010. <http://www.rand.org/   
     news/press/2007/10/10/index1.html>.

* Quality varied widely according to type of care:
  + Children received 68 percent of recommended care for acute medical problems,
  + 53 percent of recommended care for chronic medical conditions,
  + 41 percent of recommended preventive care.
  + children received 66 percent of recommended care for treatment,
  + but only 38 percent for screening,
  + 47 percent for diagnosis,
  + 45 percent for follow-up.
* Children with asthma received just 46 percent of the care they needed overall. For example, the researchers found that 44 percent of children with persistent asthma had a prescription for an anti-inflammatory medication. Asthmatic children who use anti-inflammatory inhalants have fewer asthma-related symptoms, better lung function, fewer hospitalizations, and lower death rates related to asthma.
* Only 42 percent of adolescent girls in the study were screened for chlamydia, an often silent infection that leads to pelvic inflammatory disease (PID) in 40 percent of untreated women. About 20 percent of women who develop PID have infertility problems, and 9 percent experience life-threatening complications during pregnancy. But screening, early detection, and treatment have decreased chlamydia and PID in adolescent girls by 60 percent.
* During regular check-ups, only 31 percent of children ages 3 to 6 were weighed and measured. Only 15 percent of adolescents who saw a doctor were weighed and measured. Meanwhile, one-third of American children are obese or at risk for obesity.
* According to the U.S. Centers for Disease Control and Prevention, 9 percent of all hospitalizations of children under age 5 are associated with diarrhea. Some 300 to 500 children die each year in the U.S. from this very treatable condition. But the study found that children receive only 38 percent of recommended care for acute diarrhea.

Simpson, Gloria, et al. "Access to Health Care." *National Center for Health Statistics*. N.p., n.d. Web. 28 Feb. 2010. <http://cdc.gov/nchs/data/ series/sr\_10/sr10\_196.pdf>.

* Black and Hispanic children were less likely to have a regular source of care than white children.
* Eighty-six percent of Mexican-American children and 93 percent of black children had a regular source of health care compared with 95 percent of white children.
* Children who lived in the South were less likely to have a regular source of health care than children living in the Northeast or Midwest. These percents ranged from 91 percent for young children in the South to 97 percent for those living in the Northeast.

Wise, Paul H. "The Transformation Of Child Health in the United States." *Health Affairs* . N.p., n.d. Web. 1 Mar. 2010. <http://content.healthaffairs.org/cgi/reprint/23/5/9.pdf>.

* Mortality rates have declined dramatically
* Medicaid remains the single most important public mechanism for ensuring that poor children have health insurance
* 8.5 million children lacked insurance in 2002